

# Thames Ambulance Service Ltd Leicester Office

## Quality Report

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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

## Ratings

**Overall rating for this  
ambulance location**

Requires improvement



Patient transport services (PTS)

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Thames Ambulance Service is operated by Thames Ambulance Service Limited. The service provides a non-emergency patient transport service from several sites throughout England. Thames ambulance Service Ltd had 17 ambulance stations throughout the UK from which patients transport services were delivered. This inspection report details our findings at the Leicester Office location.

Leicester Office (TASL Leicester) is operated by Thames Ambulance Service Limited. The service provides a non-emergency patient transport service across various locations throughout the United Kingdom.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced inspection on 1 May 2019.

Before Leicester Office was listed as a separate registered location, we previously carried out an announced comprehensive inspection as part of Thames Ambulance Service Limited on 23 October 2018. During our inspection, there were several safety concerns identified, primarily regarding the safe transport of patients with mental health needs, transport of patients with bariatric needs and transport of children aged under 12 years. Because of this, we issued the provider with a warning notice over their non-compliance of Regulations 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also imposed four further conditions on their registration.

Prior to this, we carried out focussed inspection on the 15 May 2018 to follow up a warning notice we had issued to the provider in October 2017 over a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was non-emergency patient transport services (PTS).

We rated it as **Requires improvement** overall.

- Ambulance staff we spoke with told us they had not had any specialist training on completing risk assessments when conveying children, patients with mental health needs or patients with bariatric needs, however were still asked to complete risk assessments.
- Incidents were not always investigated thoroughly by managers and any lessons learnt or outcomes identified were not always shared with staff. Staff also told us they did not usually receive any feedback or learnings following a patient complaint.
- Managers we spoke with during our inspection did not understand risk and were not aware of the provider's current risks as listed on their risk register. We also found several risks, such as out of date fire extinguishers and breaches of confidential patient information, that the provider was not aware of.
- Data we reviewed during and after our inspection showed that the provider failed to meet the majority of their key performance indicators (KPIs) across both the Leicester and Kettering sites. Managers and ambulance staff we spoke with during our inspection also had a limited knowledge and understanding of their KPIs and were not using this data to improve the quality or performance of the service.

# Summary of findings

- Ambulance staff we spoke with during our inspection told us there was a poor working relationship between the ambulance staff and the provider's control centre staff, and that it was sometimes difficult to contact them.
- Staff told us that workload was not evenly distributed amongst staff, with some members of staff receiving significantly higher workloads than their colleagues.
- Staff were not receiving yearly appraisals and we were not assured that the remaining appraisals could be completed in the timeframe specified by the provider.
- Concerns that we raised following our last inspection, which included the provider not checking that staff had safely returned at the end of their shift or during periods of severe weather, remained unresolved.
- Staff at the Kettering site told us that they did not feel supported by the area leadership team and raised concerns over the lack of visibility of senior leaders, such as area managers and executives. They also reported to us that they felt isolated and disconnected from the rest of the organisation, and there was a mixed report of staff feeling valued.
- Staff told us that they did not feel engaged, and whilst the provider was now holding team meetings, these remained poorly attended by staff due to high workloads and poor meeting planning.

However, we also found that:

- Since our last inspection, the provider had established a new training centre at its Lincoln head office, and most staff we spoke with had now completed their yearly mandatory training.
- The provider had improved since our last inspection and agreed a contract with a third party to undertake deep cleans of all its vehicles. At the time of our inspection, all vehicles we inspected had been deep cleaned within the last 12 weeks and appeared visibly clean and contamination-free.
- The provider had agreed a contract with a third party to undertake the servicing and maintenance of its fleet. At the time of our inspection all vehicles we inspected had been serviced and had a valid MOT certificate and correct vehicle tax status.
- The provider now had enough personal digital assistants (PDAs) for each vehicle to have its own dedicated device.
- Staff we spoke with across both locations were aware of safeguarding procedures and knew how to complete a safeguarding referral for a patient.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, to help the service improve. We also issued the provider with one requirement notice that affected patient transport services. Details are at the end of the report.

**Nigel Acheson**

**Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Requires improvement



### Rating

### Why have we given this rating?

The main service provided was non-emergency patient transport.

We rated the service as inadequate for effective; requires improvement for safe, responsive and well led; and good for caring. Managers were not investigating incidents thoroughly when an investigation was required. Ambulance staff told us that they did not always receive feedback following a complaint or investigation. Ambulance staff told us they had not received any training in completing risk assessments when transporting patients with mental health needs or patients with bariatric needs, although were still asked to complete them. There was a lack of awareness and ownership of risks. During our inspection, we also found further risks, such as, out of date fire extinguishers and breaches of confidential patient information that the provider was not aware of. Data we saw on inspection showed the provider was failing to meet several of their key performance indicators (KPIs). Ambulance staff we spoke with told us there was a poor working relationship between them and the provider's control centre, and they regularly had difficulties in contacting them. Although staff appraisals had been booked in, only a small number had been completed and we were not assured that this plan would be achievable.

However, we also found that the provider had improved since our last inspection in the following areas. There was a new training centre at its Lincoln head office and that staff we spoke with had mainly completed their mandatory training in the last couple of months. Staff we spoke with were also confident and knowledgeable in making safeguarding referrals for patients. We also found that the provider had now agreed contracts with third parties for the deep-cleaning, servicing and maintenance of its vehicles. The provider had also obtained further personal digital assistants (PDAs) and ensured each vehicle had its own dedicated device.

Requires improvement 

# Leicester Office

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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## Background to Leicester Office

Leicester Office, also known as TASL Leicester, is operated by Thames Ambulance Service Limited. It is an independent ambulance service, which provides non-emergency patient transport services (PTS), primarily to the communities of Leicestershire, Lincolnshire, Rutland and Northamptonshire. Most of these services were awarded by local clinical commissioning groups.

Leicester Office (TASL Leicester) was first established in October 2017 and became registered with the Care Quality Commission (CQC) in March 2019 for providing transport services, triage and medical advice provided remotely. The service has had a registered manager in post since 29 March 2019.

Prior to the registration of Leicester Office (TASL Leicester), we previously inspected this service as part of Thames Ambulance Service Limited. Following our inspection of that service in October 2018, we issued the provider with a warning notice over their non-compliance of Regulations 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also imposed four further conditions on their registration, which also apply to Leicester Office.

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector and an additional CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

## Facts and data about Leicester Office

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

At the time of this inspection, the service had the following conditions of registration in place, which were applied in January 2019, following an inspection in October 2018 (across the whole provider, including Leicester office location and Kettering satellite station):

# Detailed findings

- The registered provider must cease the transport of children aged under 12 years, or less than 135cm in height, until the Care Quality Commission is assured that the appropriate safety requirements for transportation have been met.
- The registered provider must cease the transport of bariatric patients (patients who are over 25 stone or have a complex bariatric requirement) who need assistance to move or where there is a difficult removal due to environment. This will remain in place until the Care Quality Commission is assured that all staff managing bariatric patients are appropriately trained in risk assessment and moving and handling.
- The registered provider must ensure that, following initial assessment, an appropriately trained crew will attend to meet the needs of individual patients who may require additional support due to mental health needs; this includes appropriate training.
- The registered provider must ensure necessary information concerning patient needs according to their physical and mental health is provided to staff prior to carrying on the regulated activity, including information about complex needs and patients living with dementia or a learning disability at point of accepting a journey.

We undertook a short notice inspection of this service on 1 May 2019, where we inspected and rated all elements of the five key questions, including whether the service provided was safe, effective, responsive, caring and well-led. This was our first inspection of this service since it was registered as a separate location.

The provider applied to have these conditions removed prior to the inspection and submitted evidence to support their application. We reviewed all of the information provided and assessed all aspects of the conditions during the inspection. We will be writing to the provider to remove the conditions imposed in January 2019.

During our inspection, we visited the provider's registered location in Leicester, along with its smaller satellite station in Kettering. We spoke with staff, including the registered manager, area manager, station managers, ambulance care assistants, call handlers and a planner. We also inspected the ambulance stations, vehicles and equipment on both sites.

The Leicester base employed 77 members of staff and operated 24 hours a day, seven days a week, with 35 patient transport service (PTS) vehicles, including eight ambulances, 14 wheelchair accessible vehicles (WAV) and 13 cars. The Kettering base employed 38 staff and operated between 0600-2200 with 13 PTS vehicles, including nine ambulances, one wheelchair accessible vehicle and three cars. There was no accountable officer for controlled drugs as controlled drugs were not required for the type of service provided.

There was an NHS England oversight group monitoring the service in the 12 months before this inspection and the CQC were also receiving updates to the service's action plan in response to the breaches identified at the previous inspection.

## **Leicestershire (which includes the Leicester location):**

Activity (April 2019):

- There were 5043 patient transport journeys undertaken.

Track record on safety (October 2018 to February 2019):

- Zero never events
- 205 clinical incidents subcategorised as:
  - 25 classified as near miss/no harm
  - 115 classified as incident/no harm
  - 56 classified as low
  - eight classified as moderate
  - zero classified as severe
  - one classified as death
- One serious incident
- 59 complaints and service incidents

## **Northamptonshire (which includes the Kettering location):**

Activity (April 2019):

- There were 3141 patient transport journeys undertaken.

Track record on safety (July 2018 to February 2019):

- Zero never events

# Detailed findings

- 80 clinical incidents subcategorised as:
  - five classified as near miss/no harm
  - 34 classified as incident/no harm
  - 26 classified as low
  - 14 classified as moderate
  - zero classified as severe
  - one classified as death
- No serious incidents
- 41 complaints and service incidents







## Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Patient transport services</b>	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement



# Patient transport services (PTS)

Safe	Requires improvement	
Effective	Inadequate	
Caring	Good	
Responsive	Requires improvement	
Well-led	Requires improvement	
Overall	Requires improvement	

## Information about the service

Leicester Office (TASL Leicester) supplied a non-emergency patient transport service to commissioners across various areas of the United Kingdom, primarily for the communities of Leicestershire, Lincolnshire, Rutland and Northamptonshire. The service maintained a fleet of non-emergency vehicles, including non-emergency ambulances, wheelchair accessible vehicles and cars from dedicated ambulance stations and bases.

The provider employed a wide range of staff including registered managers, area managers, station managers, ambulance care assistants, call handling and control room staff, and planners.

The provider did not hold controlled drugs (CDs) at its locations for use on patient transport services.

## Summary of findings

The main service provided by this service was non-emergency patient transport services.

- Ambulance staff we spoke with told us they had not had any specialist training on completing risk assessments when conveying children, patients with mental health needs or patients with bariatric needs, however were still asked to complete risk assessments.
- Incidents were not always investigated thoroughly by managers and any lessons learnt or outcomes identified were not always shared with staff. Staff also told us they did not usually receive any feedback or learnings following a patient complaint.
- Managers we spoke with during our inspection did not understand risk and were not aware of the provider's current risks as listed on their risk register. We also found several risks, such as out of date fire extinguishers and breaches of confidential patient information, that the provider was not aware of.
- Data we reviewed during and after our inspection showed that the provider failed to meet the majority of their key performance indicators (KPIs) across both the Leicester and Kettering sites. Managers and ambulance staff we spoke with during our inspection also had a limited knowledge and understanding of their KPIs and were not using this data to improve the quality or performance of the service.

# Patient transport services (PTS)

- Ambulance staff we spoke with during our inspection told us there was a poor working relationship between the ambulance staff and the provider's control centre staff, and that it was sometimes difficult to contact them.
- Staff told us that workload was not evenly distributed amongst staff, with some members of staff receiving significantly higher workloads than their colleagues.
- Staff were not receiving yearly appraisals and we were not assured that the remaining appraisals could be completed in the timeframe specified by the provider.
- Concerns that we raised following our last inspection, which included the provider not checking that staff had safely returned at the end of their shift or during periods of severe weather, remained unresolved.
- Staff at the Kettering site told us that they did not feel supported by the area leadership team and raised concerns over the lack of visibility of senior leaders, such as area managers and executives. They also reported to us that they felt isolated and disconnected from the rest of the organisation, and there was a mixed report of staff feeling valued.
- Staff told us that they did not feel engaged, and whilst the provider was now holding team meetings, these remained poorly attended by staff due to high workloads and poor meeting planning.

However, we also found that:

- Since our last inspection, the provider had established a new training centre at its Lincoln head office, and most staff we spoke with had now completed their yearly mandatory training.
- The provider had improved since our last inspection and agreed a contract with a third party to undertake deep cleans of all its vehicles. At the time of our inspection, all vehicles we inspected had been deep cleaned within the last 12 weeks and appeared visibly clean and contamination-free.

- The provider had agreed a contract with a third party to undertake the servicing and maintenance of its fleet. At the time of our inspection all vehicles we inspected had been serviced and had a valid MOT certificate and correct vehicle tax status.
- The provider now had enough personal digital assistants (PDAs) for each vehicle to have its own dedicated device.
- Staff we spoke with across both locations were aware of safeguarding procedures and knew how to complete a safeguarding referral for a patient.

# Patient transport services (PTS)

## Are patient transport services safe?

Requires improvement



We rated it as **requires improvement**.

### Incidents

- **The service did not manage patient safety incidents well. Although staff recognised incidents and reported them appropriately, we were not assured that managers investigated all incidents and shared lessons learned with the whole team and wider service.**
- Staff we spoke with during our inspection told us how they could report a potentially serious incident for further investigation using the provider's IR1 incident reporting form. Data supplied to us by the provider showed staff based at their Leicester site had reported 76 incidents between February and April 2019, with a further 18 incidents being reported by staff based at their Kettering site during the same period.
- We were not assured that managers were conducting thorough investigations of these incidents. During our inspection, we reviewed five completed incident reporting (IR1) forms and could not find any evidence of a completed investigation summary. We were also unable to find any record of any lessons being learnt or a list of any outcomes being identified. We reviewed one incident, which required further investigation, where a member of staff tried to raise concerns when they were asked to convey a child along with their sibling, however on this occasion could not contact the provider's control centre to seek advice and support, and ultimately conveyed both children. This incident was reported by the member of staff and required a further investigation; however, we could not find any evidence of this being completed.
- We were not assured that any lessons learnt from incidents were shared with staff. Staff we spoke with at both the Leicester and Kettering sites told us they rarely received any feedback or learnings following an incident being reported.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- The provider ensured that staff achieved the required levels of mandatory training to support the safe delivery of their service. The mandatory training day for 2019 covered a range of topics including; customer care, communication, information governance, whistleblowing, safeguarding, including safeguarding of vulnerable adults, children and young people, equality and diversity, PREVENT – a government-led counterterrorism strategy that aims to reduce the threat to the UK of terrorism, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), dementia awareness, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), infection prevention control, health and safety, clinical training, basic life support and paediatric restraint systems, and conflict resolution.
- All staff that we spoke with at both the Leicester and Kettering bases told us that they had recently completed their yearly mandatory training day at the provider's Lincoln Head Office location in the last month.
- Training data supplied to us by the provider showed that 73 of the 77 staff from their Leicester site and 35 of the 38 staff from their Kettering site had received the latest mandatory training. This equated to a compliance rate of 95% and 91% respectively. The service did not have a target rate to achieve. During our inspection, we spoke with the station manager of both sites regarding mandatory training compliance. The station manager for the Leicester site told us that there were three members of staff who had missed their training due to long-term sickness or other absence, however, all other members of staff were now compliant. The station manager for the Kettering site told us that there were also three members of staff who were still due training, again due to long-term sickness or other absence.
- The station manager for Leicester told us that all new staff now undertake a two-week induction programme at the provider's training school in Lincoln, covering several classroom training sessions, shadowing sessions with experienced staff and a driving assessment. Further information supplied by the provider showed that this induction programme covered a wide range of topics, including customer care, information governance,

# Patient transport services (PTS)

whistleblowing, safeguarding of adults, children and young people, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), equality and diversity, PREVENT, dementia awareness, infection prevention and control, end of life care, health and safety including fire safety, conflict resolution, manual handling, clinical training, and oxygen therapy.

## Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- All staff we spoke with at both the Leicester and Kettering sites were aware of their roles and responsibilities regarding safeguarding and had attended recent mandatory safeguarding training. Data also supplied to us by the provider showed that 73 of the 77 Leicester-based staff and 35 of the 38 Kettering-based staff were compliant with their safeguarding training. The service did not have a target rate to achieve.
- All staff we spoke with at both sites were aware of how to make a safeguarding referral and knew which incident forms and safeguarding forms they needed to complete. Staff were also able to provide us with the correct local authority safeguarding contact details and knew how to make safeguarding referrals for patients living in other local authority areas.
- The provider had up-to-date policies for safeguarding children and adults, which provided staff with detailed information in relation to the types of abuse they may encounter during their day-to-day work activities.

## Cleanliness, infection control and hygiene

- **Although staff kept themselves, equipment and the premises clean, we were not assured that the service always used control measures to prevent the spread of infection and control infection risk well.**
- At both the Leicester and Kettering sites we inspected, the garages, ambulances, cars and equipment all appeared visibly clean and free from contamination.

- At both sites, staff had access to water, equipment and cleaning products in the garages to allow them to clean their vehicles effectively.
- We inspected seven vehicles across both sites. All the vehicles we inspected contained essential cleaning and infection control equipment, including protective latex-free gloves, tissues, disinfectant wipes and sprays. The ambulances also contained a quick-access infection control bag, which could be easily and quickly accessed by staff in the event of a spill or infection control incident.
- At both sites, the wheelchairs used on both the ambulances and wheelchair accessible vehicles were fitted with wipe-clean cushions and back supports, allowing for effective cleaning between patients. Staff also told us how they could report and change a wheelchair that had become contaminated after the conveyance of a potentially infectious patient.
- The ambulance care assistants we spoke with told us they were responsible for cleaning their vehicle, both at the start and end of their shift. During our inspection at the Kettering site, we witnessed two separate crews undertaking vehicle cleans. Staff told us they usually were given 15 minutes prior to commencing their shift to complete a daily vehicle defect inspection. This check ensured that their vehicle was clean, roadworthy and contained all the necessary equipment.
- Data provided by the service prior to our inspection showed monthly spot check audits were taking place for vehicle cleanliness, staff uniform compliance and staff hand hygiene compliance. For the most recent reporting period available of February 2019, this data showed 15 members of staff being checked at both sites, 34 vehicles being checked at the Leicester site and four vehicles being checked at the Kettering site. Of these checks, all staff were compliant with uniform and hand hygiene standards, however four of the checked vehicles at Leicester were reported non-complaint for exterior vehicle cleanliness. In the accompanying action plan, the provider stated that this was due to weather conditions and shift overruns and that following these checks, immediate actions were taken, and the vehicles were cleaned prior to going out on shift.
- Since our last inspection, the provider had agreed a new contract with a third-party cleaning company to

# Patient transport services (PTS)

undertake deep cleans of all vehicles, with all vehicles now being cleaned on a 12-week rolling cycle. During our inspection at the Leicester site, the inspection team observed the company deep cleaning two ambulances. At the Kettering site, there was also a whiteboard that all staff could access, which listed all operational vehicles along with the dates they were last deep cleaned. On the date of our inspection, all these vehicles had been deep cleaned within the last 12 weeks. Staff also told us about how they could report and request an ad-hoc vehicle deep clean after the conveyance of a potentially infectious patient.

- A completed incident form supplied to us by the provider after our inspection showed a member of staff raising a number of concerns after the conveyance of a patient suspected of carrying the *Clostridium difficile* bacterium, a highly contagious bacterial infection. Specifically, the incident form detailed concerns that the attending crew had not been made aware beforehand of the potential risks with this journey and the crew were not able to find any information on whether the vehicle could be used again, nor any policies or procedures on dealing with patients suspected of carrying this bacterium. In the resolution of this incident, the reviewing manager advised the crew that they were only required to wipe down surfaces that the patient had touched. However, we also reviewed the provider's infection prevention and control policy, which detailed the provider's guidelines in conveying patients suspected of carrying this infection. This policy stated that the vehicle interior, including any stretcher, mattress or any surface touched by the patient, should be cleaned thoroughly with a TASL-approved cleaner, followed by a TASL-approved disinfectant and any equipment used should ideally be disposed, or dedicated for use for that patient only. In addition, staff must wear disposable aprons and gloves for any patient contact, washing their hands thoroughly with soap and water after removal of protective clothing. We were therefore not assured that staff had easy access to infection prevention and control procedures and we were therefore not assured that the correct procedures were being followed.

## Environment and equipment

- **The design and use of facilities, premises, vehicles and equipment kept people safe, however they were not always maintained well, and staff were not always trained to use them. Staff managed clinical waste well.**
- The provider had dedicated ambulance stations in both Leicester and Kettering, from which it delivered its services. Both of these stations appeared visibly clean and tidy, with equipment correctly stowed in store areas and cupboards.
- The provider operated 35 patient transport vehicles from its Leicester base, including eight ambulances, 14 wheelchair accessible vehicles and 13 cars. From its Kettering base, it operated 13 patient transport vehicles, including nine ambulances, one wheelchair accessible vehicle and three cars.
- During our inspection, we inspected five vehicles at the provider's Leicester site and two further vehicles at their Kettering site. All of these vehicles had a valid MOT certificate and appropriate tax status. At the time of our inspection, the provider was using a third-party company to manage the servicing, repairing and maintenance of its fleet. We spoke with the station managers of both sites who told us how they would arrange for a vehicle to be serviced or repaired via the third-party company. They also told us of their alternative arrangements with local garages in the event of an urgent repair being needed. At their Kettering site, we saw a whiteboard which listed all vehicles along with their most recent mileage and when the next service was due.
- At both sites, all vehicles were parked safely, appropriately locked and all equipment secured. The vehicle keys were also stored in a secure location, which appropriate staff could access.
- During our inspection, we checked several consumable items on both vehicles and in store areas, including patient oxygen masks, first aid kits and cleaning equipment. All items we inspected were sealed correctly, stored appropriately and within any manufacturer use-by dates.
- Each vehicle had its own dedicated personal digital assistant (PDA), in which staff logged to at the beginning of their shift to receive their bookings from the control centre for that day. This included the pick-up and



# Patient transport services (PTS)

drop-off addresses, appointment times, patient details, directions and other additional information for that journey. At the time of our inspection, all PDA devices were working and were fully operational.

- The provider did not have a robust system in place to ensure all vehicles had a fire extinguisher and that these were serviced regularly. We checked seven vehicles across both the Leicester and Kettering sites and found one vehicle was missing a fire extinguisher, and three further fire extinguishers were overdue their annual service. Further data supplied by the provider after our inspection showed that sixteen of the fire extinguishers at the Leicester site had last been serviced in January 2018. Although this data also showed that fire extinguishers at the Kettering site had last been serviced in December 2018, during our inspection, we found one fire extinguisher on an ambulance that had not been serviced since June 2017. We also saw the risk register for both sites, however, it had not been identified as a risk on the Leicester register. Although it had been raised on the Kettering risk register in April, it had been scored as a 'low' risk. We were therefore not assured that the provider had a robust system in place for the monitoring and servicing of its fire extinguishers.
- The provider also completed a monthly site compliance audit for each base, in which nine areas were inspected, including buildings, garages, vehicles and fire risks. We reviewed the most recent audit report available, which was from February 2019, in which it showed both the Leicester and Kettering sites achieving an overall compliance score of 81% - a score deemed as 'partially compliant' by the provider. However, the Leicester site was scored as 'not compliant' for its building assessment and fire safety assessment, scoring 44% and 57% respectively. During this assessment, it was reported that there were no risk assessments in place or on display where hazards were identified, over 40 bulbs needed replacing including a quarter of the exterior lights, that there were no trained fire wardens on site, that internal fire doors were not in a good state of repair or were not secure and that there was no fire risk assessment displayed on site. During the same audit, the Kettering site was also scored as 'not compliant' for fire safety, as it was reported that there were no trained fire wardens on site, that internal fire doors were not in a good state of repair or were not secure and that there was no fire risk assessment displayed on site. It was also

raised on the building assessment that there was no risk assessment in place or on display where hazards were identified. We were therefore not assured that the provider looked after their premises well, and that they were safe for staff to use.

## Assessing and responding to patient risk

- **Staff did not complete and update risk assessments for each patient. Although staff kept clear records and asked for support when necessary, this was not always given.**
- Prior to the registration of Leicester Office, we previously inspected this service as part of Thames Ambulance Service Limited, and following our inspection of that service in October 2018, we imposed further conditions upon their registration, which also applied to the Leicester Office.
- The station manager at the Kettering site told us that all staff had recently undergone additional training in completing dynamic risk assessments. Data supplied to us by the provider after our inspection showed that 73 of the 77 Leicester-based staff and 35 of the 38 Kettering-based staff had completed dynamic risk assessment training. However, all the ambulance care assistants we spoke with told us that they had not received any training in this area but were still asked to undertake dynamic risk assessments when transporting patients with more complex needs by their managers. Ambulance staff at the Kettering location told us that they usually relied either on their experience or their training from a previous employer when conducting dynamic risk assessments.
- We spoke with staff from the call handling and journey planning teams in the Leicester Office, who told us that if a patient with bariatric needs required transport who has not previously travelled with the service, then a further bariatric risk assessment must be undertaken prior to the journey being accepted. Although we did not see any of these being completed during our inspection, the provider was able to supply us with the four most recent completed assessments from the Leicester site, and the three most recent completed assessments from the Kettering site.

## Staffing

# Patient transport services (PTS)

- **The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

- The provider had various staff groups who started their shift at different times across its sites, based on the needs and demands of the service. It operated a 24-hour service from its Leicester site, and a 5.30am-to-midnight service from its Kettering base.
- Staff either worked as a solo-responder or part of a double crew, depending on the needs of the patient and availability of vehicles. This was usually determined by the provider's control centre teams.
- At the time of our inspection, there were six vacancies at their Leicester site and a further three vacancies at their Kettering site, however, the station manager at Kettering told us that they were in the process of recruiting further ambulance care assistants to fulfil this gap.
- We spoke with ambulance staff at the Kettering site, who told us that they were regularly not able to take their rest breaks at an appropriate time and sometimes, were not able to take their breaks at all. Staff told us this was usually due to high workloads, or due to their control centre adding further journeys to their personal digital assistant (PDA) throughout the day, leaving no time for an adequate rest period. Data supplied by the provider showed that Leicester-based staff had also raised this as a concern, as this was added as an agenda item on the Leicester base's staff meeting on 9 May 2019.
- Ambulance staff at Kettering told us that they frequently had concerns over their rotas and staffing plans. Staff told us that their rotas were planned off site at the provider's Northampton base and some staff, particularly new staff who did not have a fixed rota contract, were usually only given their shifts a few days in advance. Staff said this uncertainty caused them additional stress and worry and was often a contributing factor for staff leaving the provider.
- Staff we spoke with also told us there continued to be a high staff turnover rate, particularly with new ambulance staff leaving soon after their appointment. However, data supplied by the provider showed for the most recent reporting period of April 2019, two out of the 74 Leicester based staff had resigned from their

posts, equating to a staff turnover rate of 2.7% for that month. In the same period for the Kettering site, no staff had resigned from their posts, and three new members of staff had been appointed.

- We reviewed the risk registers for both the Leicester and Kettering sites, and found that there were active risks for both sites relating to staff shortages. On the Leicester site register, there was an active risk first raised in May 2018 which related to high numbers of vacant lines on staff rotas. The register stated that the provider had undertaken a recruitment drive, holding interviews in March 2019 for potential new ambulance care assistants (ACAs). On the Kettering site register, there was also an active risk first raised in March 2019 relating to staff shortages, which was causing poor service delivery. The actions within the register stated the provider had undertaken an ongoing recruitment drive and new staff were starting in April 2019.
- The Leicester risk register in December 2018 showed that the station manager for the Leicester site had a very high workload, due to directly line managing approximately 75 staff. The register stated that the provider had implemented a temporary administration support role until the end of April 2019, however, at the time of our inspection, this had finished, and this risk remained active.
- We were not assured that the provider had enough staff to run a safe service and to provide the right care and treatment to patients.

## Records

- **Although staff kept detailed records of patients' care and treatment, which were clear, up-to-date and easily available to all staff providing care, these were not always stored securely.**
- At both the Leicester and Kettering sites we inspected, we found confidential personal information that was not stored securely and not kept in line with policy. At the Kettering location, we found two tissue boxes in one of the ambulances we inspected, which had 10 postcodes and house numbers written on the sides of the box, along with one patient's name. Neither box was stored securely, and both were easily accessible to all.
- At the Leicester site, we found further breaches of confidential information. In one of the ambulances, we

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found a notebook which contained two patient names, along with a patient ID number and a patient's address. Again, this was also not stored securely and was easily accessible to all.

- Staff accessed patient records and journey details on their vehicle's dedicated personal digital assistant (PDA), via the provider's smartphone application. However, following information that we had received from a whistle-blower, we were not assured that the smartphone had a sufficiently secure log-on process.
- Patient records we reviewed completed by staff were detailed and contained accurate information about the patient.

## Medicines

- **The service used systems and processes to safely store medicines.**
- The provider did not hold controlled drugs (CDs) at its locations for use on patient transport services. If controlled drugs accompanied a patient, then these were the responsibility of the patient or carer.
- The provider carried oxygen on board its ambulance vehicles for patient use if required. Spare cylinders were stored in cages at the station garages. All the cylinders we inspected were in date and appeared visibly clean and contamination free.

## Are patient transport services effective?

Inadequate



We rated it as **inadequate**.

## Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- During our inspection, we spoke with staff who told us they could access policies and procedures via the provider's smartphone application on the vehicle's personal digital assistant (PDA). There were also hard copies of these policies available at each station and on staff noticeboards.

- Managers completed weekly and monthly audits to ensure that staff followed correct guidance. These audits checked the provider's compliance against several areas including, vehicle cleanliness, vehicle deep cleans, staff uniform and hand hygiene compliance, fire alarm testing and Control of Substances Hazardous to Health (COSHH). The results of these audits were displayed at site level and contained an action plan of how the provider aimed to resolve any concerns.
- The provider also completed monthly site compliance audits, in which they scored each site based on its compliance across nine individual areas, including assessment of the provider's buildings, vehicles, garages and premises. These audits covered several different safety requirements, including health and safety, food safety and fire safety requirements. Data supplied by the provider showed that for the most recent completed audit in February 2019, both the Leicester and Kettering sites received an 81% compliance score – a rating deemed as partially compliant by the provider.

## Nutrition and hydration

- **Due to the nature of services provided, the service did not routinely offer food or drink to patients.**

## Response times / Patient outcomes

- **The provider failed to meet the majority of its key response time targets and key performance indicators within the service. Managers were not aware of the service's current performance and did not monitor these to improve the service.**
- During our inspection, we spoke with ambulance staff at the Kettering site who told us of frequent delays with the service. They told us that sometimes patients had to wait several hours for transport and some patients had broken down in tears due to the long waits.
- The provider assessed its monthly performance against several key performance indicators (KPIs). For the Kettering and Northamptonshire area, the provider had 12 KPIs to achieve, however data supplied by the provider showed that from December 2018 to April 2019, ten of the 12 KPIs had not been achieved during any month. For the most recent reporting period available of April 2019, the provider had only met one KPI.



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- During the same period for the Leicestershire and Rutland area, the provider had 15 KPIs to achieve, however further data supplied by the provider showed that seven of these 15 KPIs had not been achieved during any month. For the most recent reporting period of April 2019, the provider had only achieved five of their 15 KPIs.
  - We reviewed data of delayed patient journeys during April 2019, supplied to us by the provider. This data showed for the Leicestershire and Rutland area, 139 journeys, equating to 2.8% of all journeys completed, were delayed by two hours or more. Of these delays, 97 journeys were delayed by over two hours, 25 journeys were delayed by over three hours, 14 journeys were delayed by over four hours, two journeys were delayed by over five hours, and one journey was delayed by over seven hours. Data of delayed patient journeys for the same period for the Kettering and Northamptonshire area showed that 73 journeys were delayed by over two hours, equating to 2.3% of all journeys completed. Of these delays, 52 journeys were delayed by over two hours, 18 journeys were delayed by over three hours, two journeys were delayed by over four hours and one journey was delayed by over five hours.
  - During our inspection, we spoke with managers, control centre staff and ambulance staff at both sites, however most staff had limited knowledge and understanding of their key performance indicators (KPIs) and how the provider was currently performing against them. We were therefore not assured that managers were aware of the service's current performance and using their data to improve services.
- receive any assistance to help complete these. At the time of our inspection, all staff appraisals had been booked with staff, however less than 10 had been completed.
- Data supplied by the provider following our inspection showed that there were 74 staff overall at the Leicester site who required an appraisal. Of these 74 appraisals, only eight had been completed, leaving 66 appraisals still due. Data for the Kettering site showed that there were 33 staff who required an appraisal, however none of these appraisals had been completed, leaving all 33 still due. We were therefore not assured that staff appraisals were being completed satisfactorily and each member of staff was receiving an effective yearly appraisal.
  - During our inspection, we spoke to the station managers at both the Leicester and Kettering sites who told us that a number of staff were still awaiting a Disclosure and Barring Service (DBS) check, and that this was a work in progress. At the Leicester site, the station manager told us there were five staff awaiting a DBS check. At the Kettering site, we spoke to one member of staff who had joined Thames Ambulance Service Limited in 2017, who was still awaiting a DBS check. However, data supplied by the provider since our inspection showed that 100% of the staff at the Kettering site had now had a DBS check completed, and one member of staff was still awaiting a check at the Leicester site.
  - We reviewed the risk register for both sites and found there was an active risk on the Kettering risk register from April 2019 regarding no work-based assessor within the service. This meant staff were unable to receive updates, training or assessment of their needs via a dedicated assessor. However, during our inspection, we spoke with the interim station manager for the Kettering site, who had recently been appointed into the manager's role. The manager told us they were also a work-based assessor and could assess and deliver training to staff as required.

## Competent staff

- **The service did not make sure staff were competent for their roles. Managers did not appraise staff's work performance and did not hold supervision meetings with them to provide support and monitor the effectiveness of the service.**
- During our inspection, the station manager of the Leicester site, told us they were personally responsible for completing the staff appraisals for all Leicester-based staff. The manager currently had 71 appraisals to undertake each year and did not usually

## Multi-disciplinary working

- **Although frontline ambulance staff worked well together to support the needs of the patients, there was a poor working relationship between frontline ambulance staff and control centre teams.**

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- Most ambulance staff we spoke with reported a continuing poor working relationship with the control centre and told us how they frequently had difficulties contacting them. At the Kettering location, an ambulance care assistant (ACA) told us of a recent incident that had occurred at the start of their shift, where they had logged onto their vehicle's PDA at 7.00am to view and accept that day's journey schedule, however, no journeys appeared. The ACA told us that they had tried to report this to their control centre, however, were unable to make contact for 20 minutes. Although their control centre was able to quickly rectify the issue, this delay meant that they were late for their first journey, which was scheduled as a 7.15am pick-up.
- We reviewed an incident reporting (IR1) form, which detailed an incident in which an ACA from the Kettering site had tried to seek support and advice from their control centre in Northampton but could not get through to them when they tried. In this incident, the ACA had also tried to contact their station manager, as well as two other members of staff, but could not get through to any of them and was only able to resolve the situation by passing a message through to the provider's other control centre in Lincoln.
- We reviewed a further incident reporting (IR1) form, which had been raised by the provider's control centre. In this incident, it stated that a crew had refused to undertake their last journey request, because they would not have adequate time to complete the journey before their end of shift time. We were therefore not assured that there was an effective and constructive working relationship between frontline ambulance staff and the provider's control centre teams and that staff could obtain support when they required it.
- Ambulance care assistants (ACAs) told us how they regularly worked together as a team to provide the best care to their patients, by helping each other on scene and sharing their knowledge and experience.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care or understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.**

- During our inspection, we spoke with ambulance staff at both the Leicester and Kettering sites, who told us they had recently completed mandatory e-learning on mental health and mental capacity. Data supplied by the provider showed that 73 of the 77 Leicester-based staff and 35 of the 38 Kettering-based staff had completed training in mental health awareness, the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards. The service did not have a target rate to achieve.
- However, during our inspection we did not see any risk assessments in relation to mental health being completed. Ambulance staff we spoke with told us that they had not received any training in completing or undertaking risk assessments.

## Are patient transport services caring?

Good



We rated it as **good**.

## Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- The provider obtained feedback from its patients and service users via the optional completion of a 'Friends and Family Test' (FFT) survey. Data supplied by the provider showed 32 completed cards being returned for the Leicester site from March 2018 to March 2019. Of the returned surveys, 31 were neutral or positive of the service and the quality of care given by staff, with one respondent describing it as a 'wonderful service'. Other respondents described the staff as being 'very friendly and helpful', 'always friendly' and 'very pleasant'.
- On the survey cards, the provider also asked patients and service users to rate from one to five how courteous and caring patient transport staff were towards them. Of the 32 completed surveys, 29 respondents rated the care as five out of five, with two respondents rating it four out of five, and one respondent declining to respond.
- The provider also supplied us with data for the same period for the Kettering site, in which 15 completed

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survey cards were returned. Of these 15 surveys, all respondents were either neutral or positive of the service, with respondents describing the service as 'excellent' and the staff as 'fantastic' and 'courteous'. The respondents were also asked to rate how courteous and caring patient transfer staff were, and of the 15 completed surveys, 13 respondents rated the care as five out of five, with two respondents rating it as four out of five.

- During our inspection, we spoke with ambulance staff at both the Leicester and Kettering sites, who described their positive interactions with patients, and how both them and their colleagues frequently went the extra mile to help patients in need. For example, one ambulance care assistant (ACA) we spoke with at the Kettering location told us of a recent situation where their day's planned journeys had been amended during their shift by the provider's control centre, most likely because of a new or cancelled booking. The ACA told us how they had contacted their control centre after completing their last journey to ensure that their original patient had been collected, and how they were going to volunteer to undertake this journey past the end of their shift, had the patient still of been waiting for transport.

## Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- During our inspection, we spoke with ambulance care assistants (ACAs) at both the Kettering and Leicester locations. Staff told us how they tried to ensure they conveyed the same patients to their appointments, particularly with renal patients, enabling them to build a better rapport with their patients.
- The provider also supplied us with data on compliments provided to the service via their patient experience team (PET). This data showed that the provider had received six compliments from patients from October 2018 to April 2019. One patient had contacted the PET to thank the crew who had transported them, saying that the crew were 'amazing, very caring and helpful'. They also thanked the crew for making sure that they had got back in their house safely and wished to thank them for doing 'a great job'.

## Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- During our inspection, we checked ambulances, cars and wheelchair accessible vehicles at both the Leicester and Kettering sites and saw that the provider had communication cards on each vehicle. The cards contained several images and drawings and allowed staff to communicate effectively with patients with hearing impairments, learning difficulties and other disabilities.
- We spoke with control centre staff, including call handling and journey planning staff, who told us how they ensured that patients needing transport for dialysis and end of life care were always prioritised, even on short-notice and same day bookings to the service. They told us how they could amend a crew's journey plan during the day to accommodate these journeys into the schedule.
- We also spoke with ambulance care assistants (ACAs), who told us how they aimed to convey patients needing transport for dialysis and end of life care as a priority, even if this meant delaying their rest break or working past their end of shift time.

## Are patient transport services responsive to people's needs?

Requires improvement



We rated it as **requires improvement**.

## Service delivery to meet the needs of local people

- **The service did not always plan and provide services in a way that met the needs of local people.**
- During our inspection, we spoke with ambulance staff at the Kettering location who told us that, whilst they had received training in using specialist bariatric equipment, this was usually all stored at the provider's Lincoln site and due to the distances and travel times involved, they rarely had access to this equipment. Instead, staff told us that if they had difficulties in safely extricating a

# Patient transport services (PTS)

patient with bariatric needs from a property, that they would usually call their control centre and request a second resource if available. There was no mention of any specialist equipment or risk assessment being completed, or any resilience plan if a second resource was not available. We, therefore, remained concerned that staff were not sufficiently trained to support and transport patients with further needs, including patients with mental health or bariatric needs, and remained concerned that staff did not have access to specialist equipment when they required it.

- The service provided a 24-hour, seven day a week service from its Leicester location, and a 6am to 10pm service from its Kettering location, allowing service users to access services when they required it.
- The provider operated a range of patient transport service (PTS) vehicles, including non-emergency ambulances, wheelchair accessible vehicles (WAVs) and cars. From their Leicester site, the provider operated with 35 PTS vehicles, including 8 ambulances, 14 WAVs and 13 cars. From the Kettering location, the provider operated with 13 PTS vehicles, including nine ambulances, three WAVs and one car. This fleet arrangement allowed the provider to convey patients with more complex transport needs, including patients who required transporting on stretchers or in wheelchairs.

## Meeting people's individual needs

- **The service was not always inclusive and did not always take account of patients' individual needs and preferences. The service did not always make reasonable adjustments to help patients access services.**
- Whilst data supplied by the provider showed that, out of the 77 Leicester-based staff, 73 staff have had training in mental health and mental capacity, and 68 staff have had training in transporting paediatric patients, only four members of staff have received training in transporting patients with bariatric needs. We also reviewed training data for the Kettering location, which showed out of a total of 38 members of staff, 35 have received training in mental health and mental capacity,

however only 13 have been trained in transporting paediatric patients, and only one member of staff had received training in transporting patients with bariatric needs.

- The provider also supplied us with further data regarding mandatory training, which showed that during a recent mandatory refresher day, a number of other learning areas were covered, including dementia awareness, equality and diversity, mental health and mental capacity. This data showed that 95% of the 77 Leicester-based staff and 91% of the 38 Kettering-based staff had successfully undertaken this training.

## Access and flow

- **People could not always access the service when they needed it. Waiting times were not always in line with good practice.**
- Ambulance staff we spoke with at Kettering told us that workload was not always evenly distributed amongst staff, with some members of staff receiving a significantly higher workload than their colleagues.
- We did not see any overlapping bookings, a concern that was raised on our last inspection. Ambulance staff we spoke with told us that if they had a concern over a planning decision then they were usually able to change this via their control centre.

## Learning from complaints and concerns

- **Although the service did treat concerns and complaints seriously, managers did not always share them and any associated learnings with all staff.**
- The provider had established a formal complaints policy, which contained key information as to how any complaint should be resolved, as well as the timescales in which a complaint needed to be acknowledged and resolved by. It also contained details of key NHS complaints handling requirements, such as Duty of Candour and the Parliamentary and Health Service Ombudsman (PHSO).
- Data supplied by the provider showed that for the Leicestershire and Rutland area, they had received 2 formal complaints during the period from January to April 2019 and 104 concerns. For the same period for the Kettering and Northamptonshire area, the provider had

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received three formal complaints and 28 concerns. Of these complaints, the provider had acknowledged 100% of complaints within the three working day timescale stated in their complaints policy and had resolved 100% of complaints within the timeframes agreed with the complainant and as specified in their policy.

- The provider also categorised any complaints and concerns they received each month into one of ten categories, including 'late collection', 'staff behaviour' and 'long waiting time'. From January 2019 to March 2019, data supplied by the provider for the Leicestershire and Rutland area showed complaint trends in late collections, eligibility and staff behaviour. For the same period for the Kettering and Northamptonshire area, the data showed trends in late collections, eligibility, staff behaviour and long waiting times.
- During our inspection, we also spoke with ambulance staff who told us about the provider's complaint procedures and how patients could make a complaint about the service they had received. However, ambulance staff told us that they did not always receive feedback or information of any lessons being learnt following a complaint being made. Senior managers told us that learning was shared with individual members of staff involved in complaints and themes and trends were displayed on staff boards.

## Are patient transport services well-led?

Requires improvement



We rated it as **requires improvement**.

### Leadership of service

- **Although the service had managers at all levels, we were not assured that a service providing high-quality sustainable care was being delivered.**
- We were concerned over the lack of capacity of the local leadership teams. During our inspection, we spoke to the Leicester station manager, who told us that they were required to complete over 70 staff appraisals per

year, whilst still undertaking their full role in supervising and managing the station. We were also not assured that there was an adequate provision in place for covering periods of annual leave or staff sickness.

- We also spoke with ambulance staff, who told us they did not always feel supported by the area leadership team and raised concerns over the lack of visibility of senior leaders, such as area managers and executives. This was particularly a concern amongst staff at the Kettering location, who reported that they often felt isolated as a station. Senior leaders told us that members of the executive team visited all sites regularly to engage with staff. The provider had started to conduct more staff surveys to understand how to improve engagement with and support staff.
- However, most ambulance staff we spoke with spoke positively of their station manager and told us that they felt supported by them.
- We also noted that, since our last inspection, the provider now had registered the Leicester Office as a separate registered location, and now had a registered manager in place.

### Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- During our inspection, we spoke with the area manager and the registered manager for the service, who described the vision and strategy for the service on both a local and an organisational level.
- On a local level, they described their strategy of maintaining quality and consistent performance, underpinned by their key performance indicators (KPIs). They also told us how they aimed to maintain a good relationship with all stakeholders of the service, not just their commissioners.
- On an organisational level, they described how they were focussing on staff engagement and the consolidation of the service, rather than its previous focus on expansion.

### Culture within the service



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- **Managers across the service struggled to promote a positive culture that supported and valued staff and created a sense of common purpose based on shared values.**

- During our inspection, most ambulance staff we spoke with told us that they did not always feel engaged or valued by the provider. Staff based at the Kettering location reported to us of a disconnect between their local leadership team at station level and the wider leadership teams. They told us this led to them feeling isolated and disconnected from the rest of the organisation.
- Although ambulance staff we talked with spoke positively of their colleagues and described how they often worked well together as a team, most staff reported friction between the frontline ambulance staff and the provider's control centre team.
- Whilst the provider was holding team meetings for all staff, these were usually poorly attended, with only three members of staff attending the most recent meeting at the Kettering site. Ambulance staff told us that this was because no provision was usually made for them to be able to attend. Staff could only attend if they came in on a rest day, or if they happened to be on a rest break at the station during the time of the meeting.

## Governance

- **The service did not systematically improve service quality and safeguard high standards of care to create an environment for clinical care to flourish.**
- The provider held quality and clinical governance meetings every two months with senior managers and executives, including the chief executive, director of quality and clinical governance, head of quality and clinical governance, head of clinical training, head of patient experience and the registered manager. These meetings aimed to provide the executive and senior leadership teams with updates and assurances against several topics, including risks, CQC standards, patient experience, incidents, safeguarding, site compliance and staff training.
- We reviewed the minutes from the last meeting on 17 April 2019 and saw that 12 topics had been discussed, including areas which required further actions. These

actions had been documented with clear ownership of each action, however not all actions had been dated. This was a concern which was raised on our last inspection in October 2018.

- During our inspection, we spoke with ambulance staff who told us when they returned to base for their end of shift, there was not a process to ensure they had returned safely, either by control or management. This was also the case for solo-responders, staff finishing late at night or during periods of severe weather. Staff told us that this was managed by staff turning their PDA off. This concern was raised on our last inspection that remained unresolved.
- During our inspection, we raised a query over a motor insurance certificate if it was covered for business use, however, the station manager was unable to provide any information as to what the insurance certificate related to.

## Management of risk, issues and performance

- **The service did not have good systems to identify risks, did not plan to eliminate or reduce them, and did not cope with both the expected and unexpected.**
- There were poor risk management processes in place at both the Leicester and Kettering sites.
- A lack of incident investigations at both locations meant that there was a poor system in place to identify, escalate and mitigate risk.
- We found risks to the service, such as out of date fire extinguishers, breaches of confidential patient information and continuing performance issues, that had not been identified by the provider.
- The provider had a corporate risk register; however, the provider's area leadership team was not aware of the risks recorded on it and had to print off a copy when asked during our inspection.

## Information Management

- **The service collected, managed and used information to support its activities, however the approach to this was inconsistent.**
- Each vehicle had its own dedicated vehicle pack. The pack contained paperwork, which included incident

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report forms, safeguarding forms, vehicle documents and key policies. These packs were stored in a secure location and were collected by staff at the beginning of each shift.

- The provider collected an array of data around its key performance indicators (KPIs), however, managers did not use this information to improve the quality or performance of its service.

## Public and staff engagement

- **The service did not always engage well with patients, staff, the public and local organisations to plan and manage appropriate services and did not collaborate with partner organisations effectively.**
- The provider's main method of measuring patient satisfaction was using on-board survey cards, which featured the NHS Friends and Family Test (FFT). However, data supplied by the provider following our inspection showed that these cards were rarely completed. For the Leicester site, only three cards were completed between January and March 2019, and during the same period of the Kettering site, no cards were completed. Other than these cards, there was limited evidence for measuring patient satisfaction and engagement of the service.

- During our inspection, we spoke with staff at the Kettering site who told us they did not always feel engaged and felt isolated from the rest of the organisation.
- The Leicester and Kettering sites we visited had installed noticeboards for staff, which contained key information for staff, including staff news, policy changes and procedural updates. It also contained the latest copies of 'The Battenberg' – an in-house newsletter for staff, produced by the provider.

## Innovation, improvement and sustainability

- **Staff were not always committed to continually learning and improving services. They did not always have a good understanding of quality improvement methods and the skills to use them. Leaders did not always encourage innovation and participation in research.**
- We were also not assured that any lessons learned were shared with staff, as ambulance staff we spoke with at Kettering told us they usually did not receive any feedback or learnings following an investigation.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must take prompt action to address a number of significant concerns identified during the inspection in relation to safeguarding, incident recording and reporting, and the governance of the service.
- The service must ensure that all risks are identified and reviewed on a regular basis with clear documented action to demonstrate the mitigation of risk.

- The provider must ensure there are systems and processes in place to maintain regular oversight of key performance indicators to drive service improvements.

### Action the hospital **SHOULD** take to improve

- The provider should investigate and carry out further analysis to understand the reasons for high staff turnover.
- The provider should ensure lessons learnt from incidents are shared with all staff.
- The provider should ensure that the senior leadership team are more visible.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance